PATENT APPLICATION FEE DETERIBINATION FEE COPY Effective December 29, 1999 AVEIIODIE COPY

(Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR: SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE		ΕE
BASIC FEE									100 mg	345.00	OR			0.00
TOTAL CLAIMS			80	minus 2	20=	. 60)		X\$ 9=		OR	X\$18=	10	80
IND	EPENDENT CL	AIMS	4	minus	3 =	: 1			X39=		OR	X78=		8
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	10	(14	
CLAIMS AS AMENDED - PART II									TOTAL			OTHER THAN		
(Column 1) (Column 2) (Column 3)									SMALL ENTITY			SMALL ENTITY		
AMENDMENT A		REM	AIMS AINING FTER IDMENT	7	PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC)DI- NAL EE
	Total	8	0_	Minus	**	80	=		X\$ 9=		OR	X\$18=	1	
	Independent	• 4	יי	Minus	***	<u> </u>	= /		X39=	,	OR	NA SE		
. 1	FIRST PRESE	NIAIIC	ON OF MU	DLITPLE DEF	ENL	DENTICIAIM	· ·		+130=		OR	4 380	·	
								L	TOTAL			TOTAL ADDIT, FEE	E	7
j		(Col	umn 1)		(C	Column 2)	(Column 3)		ADDIT. FEE			ADDII. FEE		
AMENDMENT B		REM Al	AIMS IAINING FTER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	TIC	DDI- DNAL EE
	Total	*	,	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	•		Minus	***		=		X39=	 ,	OR	X78=		
_	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEF	PENC	DENT CLAIM		┞	.100		,	+260=		
								L	+130= TOTAL		OR	TOTAL		
								A	ODIT. FEE		OR	ADDIT. FEE	,	
			umn 1) AIMS			Column 2) HIGHEST	(Column 3)	-			1 1			
AMENDMENT C		REM Af	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR:	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	ODI- ONAL EE
	Total	*		Minus	**	•	=		X\$ 9=	,.	OR	X\$18=		
	Independent	*		Minus	***		=		X39=		OR	X78=		•
_	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PEND	ENT CLAIM		╽┟					\vdash	
	f the entry in colun	nn 1 is l	ess than th	ne entry in colu	mn 2.	write "0" in co	lumn 3.	L	+130=		OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:							
	Fee Code	Total # Claims	Number Extra	<u>x</u>	Fce	Fee		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	. 0	۸.		345	690	=	690
Total Claims >20	203/103	<u>80</u> -20 =	60	X	9	18	=	1080
Independent Claims >3	202/102	4 -3 =		X	39	78	=	78
Mult. Dep Claim Present	204/104				130	260	=	
Surcharge	205/105				65	130	=	130
English Translation	139							· · · · · ·
TOTAL FÉE CALCULA	ATION							1978
Fees due upon filing t	he application:					•		
Total Filing Fees Due	= \$ <u></u>	978		_				
Less Filing Fees Subn	nitted -\$						٠	

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)

BALANCE DUE